

## SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
I, (Print Name) _____  First, M.I., Last _____  hereby authorize: _____  Date of Birth _____  Previous Employer: _____ Email: _____ Street: _____ Telephone: _____ City, State, Zip: _____ Fax No.: _____	
<p>To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ . (date of employment application)</p> <p>To: Prospective Employer: _____ Attention: _____ Street: _____ City, State, Zip: _____</p> <p>In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.</p> <p>Prospective employer's fax number: _____ Prospective employer's email address: _____</p> <p>_____ Applicant's Signature _____ Date _____</p> <p>This information is being requested in compliance with §40.25 and §391.23.</p>	

SECTION 2	TO BE COMPLETED BY PREVIOUS EMPLOYER																				
<p>The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/> Employed as _____ from (m/y) _____ to (m/y) _____</p> <p>1. Did he/she drive a motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Bus <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____</p> <p>If there is no safety performance history to report, check here <input type="checkbox"/>, sign below and return.</p> <p><b>ACCIDENTS:</b> Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here <input type="checkbox"/> if there is no accident register data for this driver.</p> <table style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 20%;">Date</th><th style="width: 20%;">Location</th><th style="width: 15%;">No. of Injuries</th><th style="width: 15%;">No. of Fatalities</th><th style="width: 30%;">Hazmat Spill</th></tr></thead><tbody><tr><td>1. _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>2. _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>3. _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table> <p>Please provide information concerning any other accidents involving the applicant that were reported to government agencies of insurers or retained under internal company policies: _____ _____ _____ _____ _____</p> <p>Signature: _____  Title: _____ Date: _____</p>		Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill	1. _____	_____	_____	_____	_____	2. _____	_____	_____	_____	_____	3. _____	_____	_____	_____	_____
Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill																	
1. _____	_____	_____	_____	_____																	
2. _____	_____	_____	_____	_____																	
3. _____	_____	_____	_____	_____																	

<b>SECTION 3</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>
<b>DRUG AND ALCOHOL HISTORY</b>	
<p>If driver was <b>not</b> subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Section 3, sign, and return.</p>	
<p>Driver was subject to Department of Transportation testing requirements from _____ to _____. <b>YES</b> <b>NO</b></p>	
<p>1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p>	
<p>2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p>	
<p>3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p>	
<p>4. Has this person committed other violations of Subpart B of Part 382, or Part 40? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p>	
<p>5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ? If yes, please send documentation back with this form. <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p>	
<p>6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this Driver subsequently have an alcohol test result of 0.04 or greater, a verified positive test, or refuse to be tested? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p>	
<p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.</p>	
<p>Name: _____</p>	
<p>Company: _____</p>	
<p>Street: _____</p>	
<p>City, State, Zip: _____ Telephone: _____</p>	
<p>Section 3 Completed by (Signature): _____ Date: _____</p>	

<b>SECTION 4a:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p>	
<p>By: _____ Date: _____</p>	

<b>SECTION 4b:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>
<p>Complete below when information is obtained.</p>	
<p>Information received from: _____</p>	
<p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p>	
<p>Date: _____ <input type="checkbox"/> Other _____</p>	

### INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

**SIDE 1 SECTION 1: Prospective Employee**

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

**SIDE 2 SECTION 4a: Prospective Employer**

- Complete the information required in this section
- Send to Previous Employer

**SIDE 1 SECTION 2: Previous Employer**

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

**SIDE 2 SECTION 3: Previous Employer**

- Complete the information required in this section
- Sign and date
- Return to Prospective Employer

**SIDE 2 SECTION 4b: Prospective Employer**

- Record receipt of the information
- Retain the form